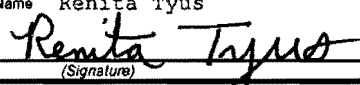


<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>		Work Assignment Number 02-25								
		<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number: 000001								
Contract Number EP-C-08-010	Contract Period 12/16/2008 To 11/30/2011 Base                      Option Period Number 2	Title of Work Assignment/SF Site Name Human Health Risk Assessment								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Specify Section and paragraph of Contract SOW 2.2								
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 01/24/2011 To 11/30/2011								
Comments:										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE:						
12/16/2008 To 11/30/2011										
This Action:										
		\$58,458.00		485						
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		04/05/2011		Cost/Fee:		\$58,458.00		LOE: 485		
Cumulative Approved:				Cost/Fee:		\$58,458.00		LOE: 485		
Work Assignment Manager Name Julie Fitzpatrick								Branch/Mail Code:		
_____ (Signature)								_____ (Date)		
								Phone Number 202-564-4212		
								FAX Number:		
Project Officer Name Verla Sutton-Busby								Branch/Mail Code:		
_____ (Signature)								_____ (Date)		
								Phone Number: 202-564-6808		
								FAX Number:		
Other Agency Official Name								Branch/Mail Code:		
_____ (Signature)								_____ (Date)		
								Phone Number:		
								FAX Number:		
Contracting Official Name Renita Tyus								Branch/Mail Code: CPAD		
 (Signature)								5/3/11 (Date)		
								Phone Number: 513-487-2094		
								FAX Number: 513-487-2109		